



PATIENT

Red Gray

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

4 Years

WEIGHT

74 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Harold Mike Beard

INVOICE

37533

DATE

5/9/22

PRESENTING CLINICAL SIGNS

Chronic intermittent lower urinary tract disease. Check urine - owner thinks another UTI. Owner says that patient started having issues after she got back into town. Her roommates dog is an intact male and owner has requested that the 2 dogs do not play with each other because he mounts Red/nips at her hind end. She says that every time they play together, this causes Red to have a UTI. She says that the urine started off as a darker red color and then became bright red. She hasn't noticed Red straining at all but says that she goes multiple times in the yard and produces small quantities of urine. No C,S,V,D, lethargy, appetite loss, or increase in water intake.

Abnormal PE/Chem/CBC/UA Results: None. Urinalysis and culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a chronic cystitis pattern. Apical wall measured 1.3 cm with suspended debris. A polypoid mass was noted at the apex measuring 2.0 cm. The cystourethral junction was unremarkable. The apical dorsal polyp measured 3.6 cm x 1.9 cm with areas of mineralization. This may represent transitional cell carcinoma. However, pronounced polypoid hyperplasia and potential underlying urachal remnant should be considered. The urethra and uterine stump were unremarkable. Uterine stump measured 4.0 mm. Iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.7 cm. The right kidney measured 7.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.90 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 0.40 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

BREED

Labrador Retriever X

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis bladder pattern with pronounced polyp – appears resectable with removal of the cranial half of the urinary bladder, given the variable thickening.

AGE

4 Years

- Unremarkable abdomen otherwise

WEIGHT

74 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic cystitis with polypoid hyperplasia possible deriving from a urachal remnant is a primary concern. Carcinoma possible. Cystoscopy could be considered for further definition, or direct surgical intervention. Cytospin of a free catch urine sample to assess for abnormal transitional cells could also be considered. Urine culture and sensitivity warranted. However, I recommend avoiding cystocentesis if at all possible until histopathology is obtained. Chest radiographs also warranted to assess for metastatic disease, though not suspected.

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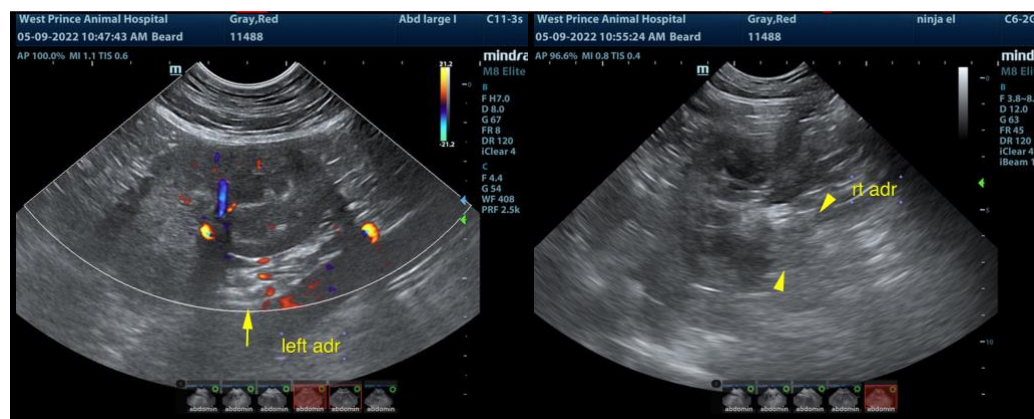
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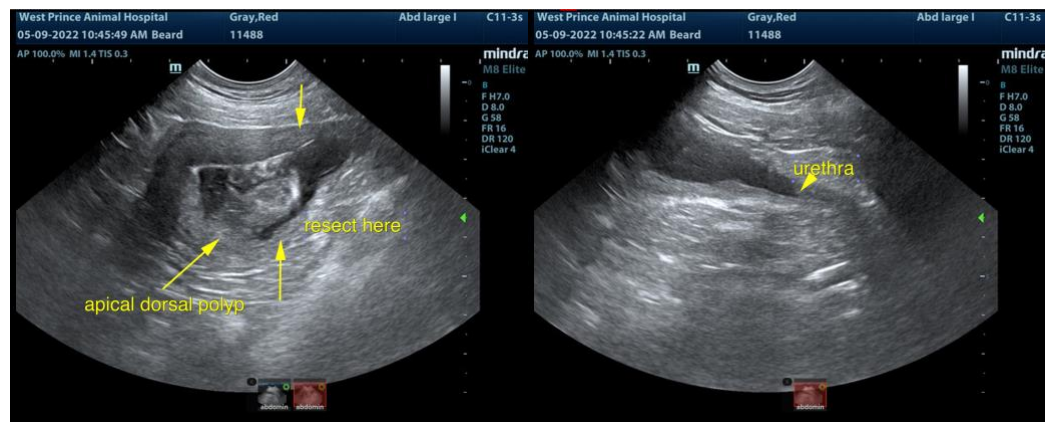
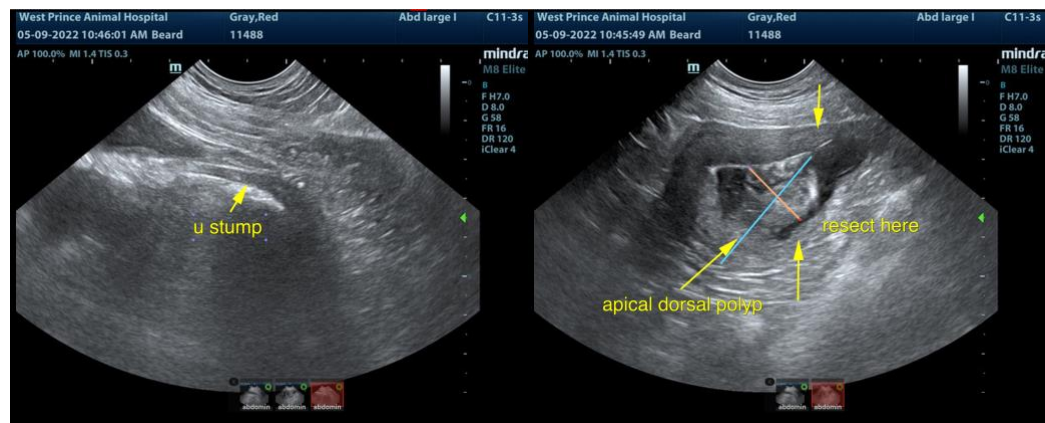
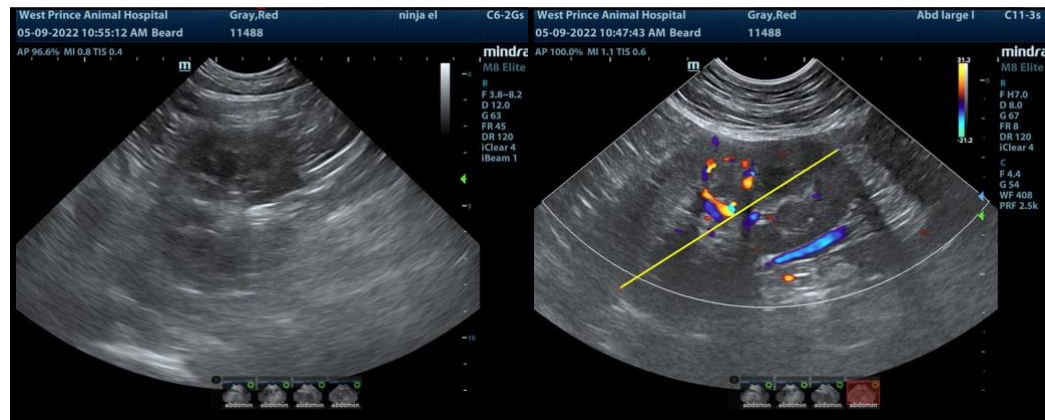
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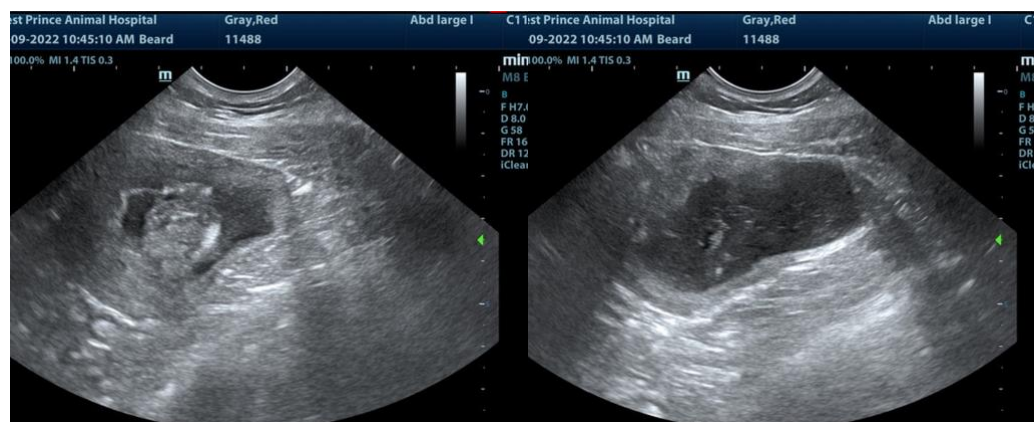
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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